

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

223

State File No. 178  
Registered No. 58

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clifford Myers Smith { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth January 18 1930  
Month Day Year

8. FATHER  
Full name Charles Myers Smith

14. MOTHER  
Full maiden name Catherine Laura Ellis

9. Residence (Usual place of abode) Superior, Arizona  
If non-resident, give place and state.

15. Residence (Usual place of abode) Superior, Arizona  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 26 (Years)

16. Color or race White 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Ft. Worth  
(State or country) Texas

18. Birthplace (city or place) El Paso  
(State or country) Texas

13. Occupation Shift Boss, Miner  
Nature of industry Copper mine

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother. 1 (Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was alive at 1:00 P m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. J. J.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_  
Filed Feb 1, 19 30 Re. S. J. J.  
Registrar \_\_\_\_\_

328-118-352

order of birth stated.